SMITH GAMBRELL & RUSSELL **2**003 07/20/07 13:02 FAX 404 815 3509 PART B - FEE(S) TRANSMITTAL Complete and send this form, together with applicable fee(s), to: Mail Mail Stop ISSUE FEE JUL 2 0 2007 Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 or Fax (571)-273-2885 INSTRUCTION THIS form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 5 should be a mpleted where propriated of further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspond nee address as notification of maintenance fees will be mailed to the current correspond nee address as corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE DDRESS" for CURRENT CORRESPONDENCE ADDRESS (Note: Use Block I for any change of address) Note: A certificate of mailing can only be used for domestic nailings of the fec(s) Transmittal. This certificate cannot be used for any othe accompanying papers. Each additional paper, such as an assignment or forma drawing, must have its own certificate of mailing or transmission. 22870 7590 04/24/2007 Certificate of Mailing or Transmission I hereby certify that this Fee(s) Transmittal is being deposited on the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Mail Stop ISSUE FEE address above, or transmitted to the USPTO (571) 273-2885, on the date indicate below. LAURENCE P. COLTON 1201 WEST PEACHTREE STREET, NW 14TH FLOOR ATLANTA, GA 30309-3488 aurence P. Colton Depositor's name 07/20/2007 HDEMESS2 00000154 10807961 (Signatu Jály *ነ*ንበ 200 700.00 DP (Date FC: 150 ALICATION NO. FILING WATER OF FIRST NAMED INVENTOR ATTORNEY DOCKET NO. CONFIRM ATTON NO. 10/897.961 03/24/2004 Richard A. Gross 14690.010USA 4 91 TITLE OF INVENTION: TREATMENT AND PROPHYLAXIS OF SEPSIS AND SEPTIC SHOCK APPLN. TYPE SMALL ENTITY ISSUE FEE DUE PUHLICATION FEE DUE | PREV. PAID ISSUE FEE TOTAL FRE(S) DUE DA TE DUE nonprovisional YES \$700 \$300 \$1000 07. !4/2007 **EXAMINER** ART UNIT CLASS-SUBCLASS OLSON, ERIC 1623 514-053000 Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). 2. For printing on the patent front page, list (1) the names of up to 3-registered patent attorneys or agents OR, alternatively, Laurence P. Colton Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed. 2 SMITH, GAMBRE L & "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. 3 RUSSELL LLP: 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE: Unless an assignce is identified below, no assignce data will appear on the patent. If an assignce is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY) POLYTECHNIC UNIVERSITY Brooklyn, New York Please check the appropriate assignee category or categories (will not be printed on the patent): 🔲 Individual 🚨 Corporation or other private group entity 🚺 Government 4a. The following fee(s) are submitted: 4b. Payment of Fcc(s): (Please first reapply any previously paid issue fee shown abov) 🖄 Issue Fee A check is enclosed. Publication Fee (No small entity discount permitted) Payment by credit card. Form PTO-2038 is attached, Advance Order - # of Copies The Director is hereby authorized to charge the required fee(s), any deficiency, or (edit any overpayment, to Deposit Account Number ______ (enclose an extra copy f this form). 5. Change in Entity Status (from status indicated above)

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